

**SEND ALL VETFUND GRANT
APPLICATIONS TO:**

**VETFUND ADVISORY COMMITTEE
1227 "O" STREET, ROOM 314
SACRAMENTO, CA 95814**

I. Applicant Information:

Organization Name:	Contact Person:
Address:	Address:
City, State, Zip code:	City, State, Zip code:
Phone Number:	Phone Number:
Email Address:	Email Address:
Website Address:	Alternate Contact:
Form of Organization (check applicable boxes)	Fiscal Agent:
<input type="checkbox"/> Nonprofit	Address:
<input type="checkbox"/> Incorporated	City, State, Zip code:
<input type="checkbox"/> Tax-exempt	Phone Number:
Employer Identification Number:	Contact Name:

II. Mission and History of Organization:

In the space below or on an attached sheet, please provide a brief history of your organization and describe its mission. Please include the number of paid and unpaid staff, identify your board of directors and officers and list significant accomplishments of your organization.

III. Affiliation with Veterans Organizations:

In this space, briefly describe your affiliation, if any, with other veterans organizations.

IV. Historical Revenues:

What have your organization's revenues been in each of these years?

2002:		2005:	
2003:		2006:	(Projected)
2004:			

V. Grant Request:

Amount Requested: _____

Purpose of Grant: _____

In the space below or on an attached sheet, please provide a narrative detailing the grant request and the grant period (usually one year from the date of the award), including a description of the purpose and objectives of the proposal/project. Please explain why the project is needed and identify the class of individuals demographically who are expected to benefit from the project/proposal. Be sure to list and describe the activities which will occur, when they will occur and who specifically will be responsible for each activity and his/her qualifications.

Other Sources:

Have you requested funding from other sources? Will you be teaming with other non-profits to complete this project?

After Action Report:

VetFund requires projects to complete an after action report. With reference to the objectives articulated, describe how you plan to evaluate the success of the project/proposal.

*VI. Relationship to the VETFUND Statement of Purpose:*¹

In the space below or on an attached sheet, please describe how your proposal/project serves to advance the purposes of the **VETFUND**.

VII. Other Supporting Materials:

You **must** attach:

- An IRS Determination Letter as applicable
- **A line item budget, which details all expenses and all revenues (anticipated and received) for the project/program, as in the Sample Budget included as Exhibit "A."**

You **may** attach:

- Letters of support/commitment for the proposal/project.
- A list of references; and
- Recent newsletters, articles, newspaper clippings or reviews of your organization.

¹ It is the Mission of California Department of Veterans Affairs to provide California veterans and their families with aid and assistance in presenting their claims for veterans' benefits under the laws of the United States; to provide them with beneficial opportunities through direct low-cost loans to acquire farms and homes; and to provide the state's aged or disabled veterans with rehabilitative, residential, and medical care and services in a home-like environment at the California Veterans Homes. This mission is based upon the philosophy that programs of benefits for veterans fulfill necessary, proper, and valid public purposes by promoting patriotism, by recognizing and rewarding sacrifice and service to country, and by providing needed readjustment assistance to returning veterans and their families, whose lives were interrupted when they responded to their country's call to military service. **VETFUND** is the fundraising arm of the Department and generates funds for projects to support California Veterans. Funds are used to fulfill the unmet needs of the Veterans Homes of California, upkeep of veterans' memorials, and to provide funding for special programs of the department and the veteran community.

VIII. Certification Statement:

The signature below certifies that this organization's governing board has given formal approval for the submission of this application, that all facts, figures and representations made in this application are true and correct to the best of the signer's knowledge.

Authorized Official

Signature: _____

Date: _____

Name

(Please Print): _____

Title: _____

EXHIBIT "A"

SAMPLE BUDGET FORMAT

(List all sources of income and all expenses related to the project or program).
Indicate the **amount of funds requested from VETFUND and those requested from other sources**. Note whether funds from other sources have been received or are anticipated.

Expenses	Amount	VETFUND	Y Corp.	X Foundation
Salary and Benefits:				
Program Manager				
\$ hr x hrs/wk x # wks or	\$0.00	\$0.00		
total salary & benefits				
x % time on project				
Space	\$0.00			\$0.00
Supplies	\$0.00		\$0.00	
Postage/Photocopying	\$0.00		\$0.00	
Equipment purchase/rent	\$0.00	\$0.00	\$0.00	
Transportation/Travel			\$0.00	
Other expenses (list)	\$0.00		\$0.00	\$0.00
TOTAL PROJECT EXPENSES	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

Revenues: (Mark funds secured "S" or anticipated "A")

VETFUND	A	\$0.00
Other (Name)	S	\$0.00
Other (Name)	A	\$0.00
In-kind contributions	S	\$0.00
Project/Program Revenues or Fees	A	\$0.00
TOTAL PROJECT REVENUES²		<u>\$0.00</u>

² Total project Expenses must equal total project revenues.